

THOMAS WILLINGALE SCHOOL AND NURSERY

The Broadway, Loughton, Essex. IG10 3SR. Tel: 020 8508 7287 Fax: 020 8502 5364

Headteacher: Miss T. Phillips B.A. (Hons.), PGCE

Mid-Year Application Form

Section 1 – Pupil details

Pupil surname			
First name(s)			
Date of birth	Year group	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Current school (or last school attended)			
Town and postcode of current school			
Is the child still attending? Yes <input type="checkbox"/>		No <input type="checkbox"/>	If no, last date of attendance
If the child is known by another name please add it here			

Section 2 – Home address

House number or name		Street	
Town	Post Town	Postcode	

Section 3 – Parent/carers details

Mr/Mrs/Miss/Ms	Forename	Surname
Relationship to child		Home phone no.
Email address		Mobile phone no.

Section 4 – Reasons for change of school

a) Preferred date of admission			
b) If you are moving into the area, date of move			
New address if different to Section 2 (please attach copies of proof of address (e.g. Exchange of Contracts or signed tenancy agreement).			
House number or name		Street	
	Town	Postcode	
c) Have you discussed your reasons for wanting a different school for your child with your child's current school?			
		Yes	No
d) Has your child attended any other primary school?			
		Yes	No
If 'Yes' please give details:			
Name of school (1)		Date of leaving	
Reason for leaving: Moved home Permanently excluded			

Name of school (2)	Date of leaving
Reason for leaving: Moved home <input type="checkbox"/> Permanently excluded <input type="checkbox"/>	
Other (please give reason)	

Section 5 – Other details

Is your child cared for by a Local Authority or is he/she a previously looked after child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the child have an Educational Health Care Plan (previously known as a statement)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any exceptional medical reasons why the child should specifically attend this school (in accordance with the school's Admissions Policy)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please attach supporting evidence from the child's doctor or other health care professional.	

Section 6 – School preference

Please state your preferred school in the box below). You do not have to give reasons for your preference. Any reasons you give should generally refer to the admissions policy.	
Preferred school	
Reasons	

Section 7 – Siblings

If you have another child at this school please enter their details below.	
Name	Date of birth

Section 8 – Other information

--

Section 9 – Declaration

I have read the notes of guidance for the completion of this form. I confirm that the information I have given is true and that I am a parent for this child.

Signed	Date
--------	------

Please return this form directly to Thomas Willingale School and Nursery

If you would like full details on how a school uses personal data, please visit the school website.

If you would like full details on how ECC uses personal data, please go to www.essex.gov.uk/privacy or call 03457 430430

Guidance Notes

1. This form should be completed and then be sent directly to the Essex academy, foundation, or voluntary aided primary, infant or junior school that you wish to apply for. Contact details for every school in Essex can be found via the website www.essex.gov.uk/admissions using the "Admissions booklets" link.
2. You should be aware that there is no guarantee of a place at any school so you can and should apply for more than one school, unless you have established that your preferred school definitely has a place for your child. To find out if there are places, you will need to contact the school(s) directly.
3. If you do decide to apply for more than one academy, foundation or voluntary aided school, you need to make a separate application on a separate form for each school.
4. Once you have sent your application to the school, the school must write to you within 15 school days to confirm if a place is being offered or not. If you do not hear within this timescale, please contact the school directly to ask about your application.
5. If the school writes to you to offer a place, you should get in touch with the school to confirm if you are accepting the place and arrange a start date.
6. If you are refused a place, the letter you receive should explain that you have the right of appeal to an independent appeal panel against the decision. Appeals should be made in writing using the relevant form within 20 school days of the refusal letter. Information about appealing is available on the website www.essex.gov.uk/admissions from the 'Submit an Appeal' link.
7. Applying from overseas – For non-UK citizens, the child must be in the UK before the application can be processed and proof of residency such as an endorsed (stamped) passport or entry visa will be required with the application.
8. If, having applied for a place, you do not manage to secure a school for your child (and you are living in the Essex County Council area* or have a confirmed move into the County), please contact School Admissions at Essex County Council on Tel: 0345 603 2200 for further support and advice. The email address for School Admissions is admissions@essex.gov.uk.
9. Please remember – applications must be sent direct to the school.

Website: www.thomaswillingaleprimary.co.uk

Email address: admin@thomaswillingale.essex.sch.uk



OUTSTANDING AWARD